

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15791

FILED MAY 1 1944

State File No. \_\_\_\_\_

Registration District No. 317

Primary Registration District No. 3063

Registrar's No. 988

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Clayton  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. Louis County Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. \_\_\_\_\_ (Specify whether  
In this community \_\_\_\_\_ years, months or days)

3. (a) PRINT FULL NAME Kuessel, Mary

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Dem / 5. Color or race Wh 6. (a) Single, widowed, married, divorced, Single

6. (b) Name of husband or wife none 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased March 15 1871  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
73 1 10 hr. min.

9. Birthplace Buckley Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Peter Kuessel  
13. Birthplace Unknown Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Ellen Bryant  
15. Birthplace Unknown Ohio  
(City, town, or county) (State or foreign country)

16. (a) Informant Arthur Timms  
(b) Address 9759 Litzinger Rd

17. (a) Removal (b) Date thereof 4-27-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Buckley, Ill.

18. (a) Signature of funeral director Michael Croghan, Sr.  
(b) Address 7146 Manchester

19. (a) APR 27 1944 (b) E. J. McQuinn, M.D.  
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis  
(c) City or town County (Rural) Rock Hill  
(If outside city or town limits, write "RURAL")  
(d) Street No. 9759 Litzinger Rd.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 25th  
year 1944 hour 4 minute A. M.

21. I hereby certify that I attended the deceased from 4-23 to 4-25 1944

that I last saw him alive on 4-24 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death acute dilatation of heart Duration \_\_\_\_\_

Due to hypertensive Cardio  
Renal Vascular Disease

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy 1310 1310

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

(Specify type of place)  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature Michael Dulick (M. D. or other) M.D.  
Brentwood, Mo Address Date signed 4/26/44

---

---

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed

*John Agnoski*  
Licensed Embalmer No. *3398*

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**